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transmitted to the USPTO (703) 746-4000, on the date indicated below. Richard M Lehrer Mintz Levin Cohn Ferris Glovsky and Popeo PC Chrysler Center 666 Third Avenue New York, NY 10017 Mike Machado (Signat (D January 20, 2005 ATTORNEY DOCKET NO. CONFIRMATION NO. **FILING DATE** FIRST NAMED INVENTOR APPLICATION NO. **BRIAN CRUICKSHANK** 81749-2 12/28/1998 09/220,962 01/26/2005 GWORDOF2 00000093 09220962 TITLE OF INVENTION: GRAPHICAL MESSAGE NOTIFICATION 1400.00 OP 01 FC:1501 9.00 OP 02 FC:8001 TOTAL FEE(S) DUE DATE DUE **ISSUE FEE PUBLICATION FEE** SMALL ENTITY APPLN. TYPE 01/24/2005 \$0 NO nonprovisional **CLASS-SUBCLASS ART UNIT EXAMINER** 379-088110 2645 SING, SIMON P 1. Change of correspondence address or indication of "Fee Address" (37 Mintz Levin Cohn Ferris 2. For printing on the patent front page, list lGlovsky & Popeo PC (1) the names of up to 3 registered patent attorneys CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE ST. LAURENT, QUEBEC, CANADA NORTEL NETWORKS LIMITED 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. X Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number _______ (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above)

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■ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).